

Fill in this information to identify your case:

Debtor 1 Patrick Johnson
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : NORTHERN District of ILLINOIS
(State)

Case Number 17-27211
(If known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
<div>4.1</div> <div>Blue Cross Blue Sheild</div> <div> <div>Creditor's Name</div> <div>300 East Randolph</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>Chicago</div> <div>IL</div> <div>60601</div> </div> <div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> </div> <div> <div>Who owes the debt? Check one.</div> <div> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> </div> </div>	<div> <div>Last 4 digits of account number</div> <div>_____</div> </div> <div> <div>When was the debt incurred?</div> <div>_____</div> </div> <div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> </div> <div> <div>Type of NONPRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u> </div> </div>
	<div>Total claim</div> <div>\$ 500.00</div>

Debtor 1 Patrick

Johnson

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Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.2	City of Chicago - EMS Creditor's Name 33589 Treasury Center Number Street Chicago IL 60694 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical/Dental Services	\$ 500.00
4.3	City of Chicago Bureau Parking Creditor's Name 121 N. LaSalle St Number Street Room 107 Chicago IL 60602 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Debt Owed	\$ 1,000.00
4.4	Dr. Jerome Antony Creditor's Name 327 W 76th Street Number Street Chicago IL 60620 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 500.00

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.5	<p>Equifax</p> <p>Creditor's Name PO Box 740241</p> <p>Number Street</p> <p>Atlanta GA 30374</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? 8/1/2017 12:00:00 AM</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>	\$ 0.00
4.6	<p>Experian</p> <p>Creditor's Name PO Box 2002</p> <p>Number Street</p> <p>Allen TX 75013</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? 8/1/2017 12:00:00 AM</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>	\$ 0.00
4.7	<p>Guaranty Bank</p> <p>Creditor's Name 4000 W. Brown Deer Rd.</p> <p>Number Street</p> <p>Brown Deer WI 53209</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Personal Loan</p>	\$ 1,000.00

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.8	Hammond Clinic	Last 4 digits of account number	\$ 500.00
	Creditor's Name 7905 Calumet Ave.	When was the debt incurred?	
	Number Street		
	Munster IN 46321	As of the date you file, the claim is: Check all that apply.	
	City State Zip Code	<input type="checkbox"/> Contingent	
	Who owes the debt? Check one.	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical/Dental Service	
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.9	Michelle Nichols c/o Leo Wiggins Jr.	Last 4 digits of account number 9334	\$ 0.00
	Creditor's Name 77 W. Washington St.,	When was the debt incurred?	
	Number Street		
	Ste. 1615	As of the date you file, the claim is: Check all that apply.	
	Chicago IL 60602	<input type="checkbox"/> Contingent	
	City State Zip Code	<input type="checkbox"/> Unliquidated	
	Who owes the debt? Check one.	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Check if this claim relates to a community debt	Other. Specify	
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.10	Quest Diagnostics	Last 4 digits of account number	\$ 0.00
	Creditor's Name PO Box 740020	When was the debt incurred?	
	Number Street		
	Cincinnati OH 45274	As of the date you file, the claim is: Check all that apply.	
	City State Zip Code	<input type="checkbox"/> Contingent	
	Who owes the debt? Check one.	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Medical/Dental Services	
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.11	Regional Acceptance CO	Last 4 digits of account number	8701	\$ 15,808.00
	Creditor's Name 304 Kellm Road	When was the debt incurred?	2007-09-29	
	Number Street			
	Virginia Beach VA 23462			
	City State Zip Code			
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim relates to a community debt	Type of NONPRIORITY unsecured claim:		
	Is the claim subject to offset?	<input type="checkbox"/> Student loans		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify		
4.12	T-Mobile	Last 4 digits of account number	1838	\$ 807.00
	Creditor's Name 17000 Dallas Pkwy Ste 20	When was the debt incurred?	2017-2017	
	Number Street			
	Dallas TX 75248			
	City State Zip Code	As of the date you file, the claim is: Check all that apply.		
	Who owes the debt? Check one.	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Collecting for Creditor		
4.13	TCF National Bank	Last 4 digits of account number		\$ 250.00
	Creditor's Name PO Box 170995	When was the debt incurred?		
	Number Street			
	Milwaukee WI 53217			
	City State Zip Code	As of the date you file, the claim is: Check all that apply.		
	Who owes the debt? Check one.	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify		

Debtor 1 Patrick

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.14	<p>TitleMax of Dolton</p> <p>Creditor's Name 933 Sibley Blvd</p> <p>Number Street</p> <p>Dolton IL 60419</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	\$ 0.00
4.15	<p>Transunion</p> <p>Creditor's Name PO Box 1000</p> <p>Number Street</p> <p>Chester PA 19022</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? 8/1/2017 12:00:00 AM</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	\$ 0.00

Debtor 1 Patrick Johnson Case Number (if known) 17-27211

First Name Middle Name Last Name

Part 3: List Others to Be Notified for a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Secretary of State, Bankruptcy Dept.

Name
2701 S. Dirksen Pkwy.

Number Street

Springfield IL 62723

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Arnold Scott Harris PC, Bankruptcy Dept.

Name
111 W Jackson Blvd Ste 600

Number Street

Chicago IL 60604

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Merchants Credit Guide Co., Bankruptcy Dept.

Name
223 W. Jackson Blvd., Ste. 900

Number Street

Chicago IL 60606

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 8 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Merchants & Medical Credit, Bankruptcy Dept.

Name
6324 Taylor Drive

Number Street

Flint MI 48507-468

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 13 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 Patrick

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First Name

Middle Name

Last Name

Part 4:**Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and Certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$ 0.00

			Total claim
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 20,865.00
	6j. Total. Add lines 6f through 6i.	6j.	\$ 20,865.00

Fill in this information to identify your case:			
Debtor 1	Patrick		Johnson
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u>			
(State)			
Case Number	17-27211		
(If known)			

☒ Check if this is an amended filing

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

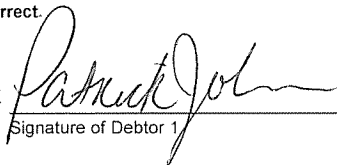
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☐ No

☐ Yes Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x 
Signature of Debtor 1

x _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY